**County of Los Angeles Department of Mental Health** 

Student Professional Development Program 2016-2017 Academic Year				
Complete this form for each discipline to be placed at this agency:  Service				
Psychology Practicum Externship Internship Social Work Specialization Macro/Admi	n: Mental Health/Children & nistrative	Nursing Marriage Family Therapist Occupational Therapy Other (specify):  Families		
DMH Agency:	San Antonio Family Center			
DMH Agency Address:	2629 Clarendon Ave., 2nd F Huntington Park, CA 90255			
DMH Agency Liaison:	Silvia Rowe, LCSW Evelyn Fierros, MSW			
New or Returning:	New	☑ Returning		
Liaison Email Address:	srowe@dmh.lacounty.gov efierros@dmh.lacounty.gov			
Liaison Phone Number:	(323) 584-3700			
Liaison Fax Number:	(323) 277-4674			
Agency ADA accessible	Yes If "No" identify:	No		
Student Requirements				
How many positions will		3 - 4		
Beginning and ending da	tes:	September 2016 – May 2017		
Student Schedule:				
Please indicate days and times students should be available to provide services, including mandatory staff meetings (SM), training seminars (TR), supervision (SUP), etc.				
Monday		9:00 AM – 6:00 PM (SUP)		
Tuesday		10:30 AM – 7:00 PM (SM)		
Wednesday		10:30 AM – 7:00 PM (SUP)		
Thursday		9:00 AM – 6:00 PM (SUP)		
Friday		9:00 AM - 5:00PM (SUP)		
Total hours expected to b	e worked per week:	16		
Number of direct client h	ours per week anticipated:	5 - 6		

County of Los Angeles De	eparti	ment of Mental Health
xpected average consumer caseload:		
Vhat cultural groups typically received servi our site?	ces at	Latino children and families
Description of Site: (Please describe the type	e of Agen	cy setting and services offered)
SAMHC is a community mental health center MH tx to children ages 0 – 18. We also service Works program. We provide specialty service	ice the Ta	AY population and have a small Cal
Target population and types of services pro		11 11
<b>∑</b> Individuals		hoeducational groups (e.g. Parenting
Groups		munity Outreach
Families	=	treatment to mid-term treatment
Children & Adolescents		term treatment
Adults		s Intervention
Older Adults		ening and Assessment
Court/Probation referred		h Testing (For psychology students only
Consultation/Liaison	Othe	r (specify):
What specific (perhaps unique) training oppo	rtunities	, y
A chance to work with a wide spectrum of the parents.	targeted	(Latino) population: Unildren, families &
What evidence based practices or theoretical Evidenced based practices including CBT.	orientatio	ons will students be exposed to at this site?
Do students have the opportunity to work in a those with lived experience?  Psychiatrist, LCSW, MSW	ı multidis	ciplinary team environment that includes
•	•	
List locations where students will be providin None	ig service	s omer man agency?
Does your agency allow students to videotape cases in their academic classes? Yes		udiotape clients for the purpose of present

## **County of Los Angeles Department of Mental Health**

## **Supervision:**

What types of supervision will be provided for the students and what is the licensure/discipline of the supervisor? Please specify below.

Type	Hours Per Week	On Site Supervisor Degree/Discipline
Individual:	1.5	LCSW
Group:	1	LCSW

What is the minimum ratio of supervision to client contact hours?	1-6
Does your agency require a particular range of previous experience coursework? <i>If so please explain</i> .	
Intern must be fluent in Spanish.	

## **Agency Application Process**

*Mandatory requirements:* Only students from academic institutions who have a current affiliation agreement with the Los Angeles County Department of Mental Health may be extended a placement opportunity. All students are processed through Human Resources Bureau. All prospective interns must obtain live scan clearance. All interns are required to complete a mandatory HIPAA Compliance and Sexual Harassment Prevention Training (for line staff) as part as the terms of their internship.

<b>DMH Staff completing this form</b> : Evelyn Fierros	Title: Field Coordinator, PSW
Signature:	Date:
Program Head:	Phone #:
District Chief:	Phone #:
Electronic Signature: Evelyn Fierros	Date: 2/9/16